

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **09/980070**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		①		2		
5	1		1			
6		1		1		
7		1		1		
8			1		1	
9	1		1			
10		1		1		
11		1		1		
12		1		1		
13	1		1			
14		1		1		
15		①		1		
16				1		
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50						
TOTAL IND.			4			
TOTAL DEP.				23		
TOTAL CLAIMS				27		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						

Best Available Copy